## See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services Toxic Substances Control Division Sacramento, California

| j  | <b>A</b>    | UNIFORM HAZAHDOUS   | fanifest<br>ument No. | 2. Pa  | 11110111  |                       | ne shaded areas<br>by Federal law.   |  |
|--|-------------|---|-----------------------|--|---|-----------------------|--|--|
|  |             | 3. Generator's Name and Mailing Address   |                       |  | A. State Manifest Document Number   |                       |  |  |
|  |             | PARA PLATE 15910 SHOEMAKER AVE, CERRITOS, CA 90703  | 88684665              |  |   |                       |  |  |
|  |             |   |                       |  |   |                       |  |  |
| Q  |             | 5 Transporter 1 Company Name 6. US EPA ID Number 201  |                       |  | C. State Transporter's ID // 257  |                       |  |  |
| -756                                     |             | OMEGA RECOVERY SERVICES   |                       | a need to  | sporter's Phone   | <u>منائنية بين</u>    | <u> </u>   |  |
| -852                                     |             | 7. Transporter 2 Company Name 8. US EPA ID Number   |                       |  | e Transporter's<br>sporter's Phone  | and the second second | - Company of the Comp |  |
| CALL 1-800-852-7550                      |             |   |                       |  |   |                       |  |  |
| -1                                       |             |   |                       |  |   | 21214                 | <u> </u>   |  |
| 5  | DESCRIPTION | 12504 E. WHITTIER BLVD WHITTIER, CA 90602 CAP 042 245 001 213 698-0991  |                       |  |   |                       |  |  |
| \≨                                       |             |   | 12. Cont              | ainers   | 13. Total   | 14.                   | Waste No.  |  |
| , <u>E</u>                               |             | 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)  | No.                   | Туре   | Quantity  | Unit<br>Wt/Vo         | İ  |  |
| S  | #           | WASTE ORM-A N.O.S NA 1693   | 1                     |  |   |                       | <sup>Si2</sup> 11,212  |  |
| 淫  | G<br>E      | (FLEXOSOLVENT)  | hur                   | ДM   | 00306   | 06                    | F001, F003   |  |
| ` <b>₹</b>                               | N<br>E      | b.  | 477 C                 | 1  |   | 500                   | State  |  |
| CENTER 1-800-424-8802; WITHIN CALIFORNIA | A<br>T      |   |                       | .  |   |                       | EPA/Other  |  |
| 24-8                                     | T<br>O<br>B | C.  | +                     | <del>                                     </del> |   | +                     | State  |  |
| 8  | r           | c.  |                       |  |   |                       | EPA/Other  |  |
| 4-8                                      |             |   |                       | 1  |   |                       | State  |  |
| TER                                      |             | d.  |                       |  |   |                       | EPA/Other  |  |
| 8  |             |   | 1 1 1                 | 6  |   |                       |  |  |
| RESPONSE                                 |             | J. Additional Descriptions for Materials Listed Above   |                       | K. Hai   | ndling Codes to   | Wastes I<br>b.        | Listed Above   |  |
| SPO                                      |             | A) FOR RECYCLE  |                       |  | <u></u>   | d.                    |  |  |
|  |             |   |                       | C.   |   | ١ "                   |  |  |
| THE NATIONAL                             |             |   |                       | <u></u>  | miarus 10,000 p.m. s. 100 p |                       |  |  |
| MATE                                     |             | 15. Special Handling Instructions and Additional Information  |                       |  |   |                       |  |  |
| 뽀  |             | PROFILE NUMBER B 10016  |                       |  |   |                       |  |  |
|  |             |   |                       |  |   |                       |  |  |
| CALL                                     |             | 16.  GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name generations. I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name. |                       |  |   |                       |  |  |
| SPILL,                                   |             | and are classified, packed, marked, and labeled, and are in an respects in proper condition to the packed marked, and labeled, and are in an respects in proper condition.  |                       |  |   |                       |  |  |
|  | - Charles   | If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined   |                       |  |   |                       |  |  |
| Y OR                                     |             | to be economically practicable and that I have selected the practicable method of treatment present and future threat to human health and the environment; OR, if I am a small quantity generation and select the best waste management method that is available to me and that it            |                       | have mad   | ie a good taitn   | енон ю п              | mmmize my waste  |  |
| EMERGENCY                                |             | Printed/Typed Name, Signature   | <u></u>               | 1/2  |   |                       | Month Day Year   |  |
| ERG                                      | 4           | FRANKE HERNANDER Trans  | <u> </u>              | rely.  | Book of   | 2                     | MY MMZ   |  |
|  | Î<br>R      | 17. Transporter 1 Acknowledgement of Receipt of Materials  Righted Typed Name Signature   | , 12 ,                | -4   |   |                       | Month Day Year   |  |
| AN                                       | N.          | Brinned/Typed Name  | -lit                  | 1/-  | -E  | -                     | 1031 HAV   |  |
| E OF                                     | S<br>P<br>O | 18. Transporter 2 Acknowledgement of Receipt of Materials   | ,                     | 7.   |   |                       | The Same Same Same Same Same Same Same Sam   |  |
| CASE                                     | R           | Printed/Typed Name Signature  |                       |  |   |                       | Month Day Year   |  |
| Z  | E<br>R      | 19. Discrepancy Indication Space  |                       |  | <del></del>   |                       |  |  |
|  | F           | 19. Discrepancy indication Space  |                       |  |   |                       |  |  |
|  | A           |   |                       |  |   |                       |  |  |
|  | Ļ           | 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this m  | nanifest exce         | pt as no   | ted in Item 19.   |                       |  |  |
|  | T           | Printed/Typed Name Signature  |                       |  |   |                       | Month Day Year   |  |
|  |             | N. JAY SOLOMON.   |                       | and the second                                   | Solom   | )~~ <u> </u>          | 1031/14191   |  |
|  |             | Do Not Write Below This I   | ine                   | •  |   |                       |  |  |

DHS 8022 A (1/88)

EPA 8700—22 (Rev. 9-88) Previous editions are obsolete.

White: YSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS